24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
FREEDOM FRONTIER ACTION NETWORK	
	C C00496372
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Majority Strategies Inc	05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 135 Professional Dr	Amount
Ste 104	Allouit
City State Zip Code	14372.88
Ponte Vedra Beach FL 32082	Transaction ID : SE.4285 Date of Disbursement or Obligation
Purpose of Expenditure Printig Postage and Shipping Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 02
ALEXANDER XAVIER MOONEY Oppose	President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For: X Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	W - W / D - B / Y - Y - Y - Y
Mailing Address	Amount
City State Zip Code	
	Pote of Dishuranment or Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Caloridar Tour To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	14372.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
/ N ————	
(c) TOTAL Independent Expenditures	14372.88
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Scott Bensing [Floatronically Filed]	M / DID / YIYIY
Signature [Electronically Filed] Date	05 07 2014